

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF VIRGINIA**

**UNITED STATES OF AMERICA**

v.

**SENTENCING MINUTES**

**TAYLOR HUDDLESTON**

Case No. 1:17CR34

HONORABLE LIAM O'GRADY presiding  
Proceeding Held: February 23, 2018  
Deputy Clerk: Amanda

Time Called: 11:30 a.m.  
Time Concluded: 12:00 p.m.  
Court Reporter: N. Linnell

**Appearances:**

UNITED STATES OF AMERICA by:  
TAYLOR HUDDLESTON in person and by:  
INTERPRETER: None

Kellen Dwyer  
Kenneth Troccoli, Hayter Whitman  
☐ Interpreter Sworn

- 
- |   |   |
|---|---|
| <input checked="" type="checkbox"/> The parties have no objections to the factual statements in the PSR   | <input checked="" type="checkbox"/> The parties have no objections to the application of the guidelines in the PSR                                    |
| <input type="checkbox"/> Objections/corrections to factual statements in PSR by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant | <input type="checkbox"/> Objections/corrections to application of guidelines by <input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant |
- 

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> The government presents sentencing argument: Recommends 87 months. | <input checked="" type="checkbox"/> The defendant presents sentencing argument: Requests no more than 6 months. |
| <input type="checkbox"/> Defendant exercises right of allocution.                                      | <input checked="" type="checkbox"/> The court imposes sentence.   |
| <input type="checkbox"/> The government dismisses count(s) _____.                                      | <input type="checkbox"/> Defendant advised of appeal rights.  |
- 

**SENTENCING GUIDELINES:**

Offense Level: 27  
Criminal History: I  
Imprisonment Range: 70-87 months  
Supervised Release Range: 1-3 years  
Fine Range: \$25,000.00 - \$250,000.00  
Restitution: None  
SA: \$100.00

- Government responds to defendant's filing.
- Mr. Whitman responds and presents argument.

**SENTENCE IMPOSED:**

**Imprisonment:**        33 Months as to Count(s)        Three of the Indictment.  
                         Months as to Count(s)                             of the                     .

TOTAL TERM OF IMPRISONMENT IMPOSED:                      months.

**Probation:**                             Years as to Count(s)                             of the                     .

**Supervised Release:**        Two Years as to Count(s)        Three of the Indictment.  
                         Years as to Count(s)                             of the                     .

**MONETARY PENALTIES**

**Special Assessment:**    \$ 100.00 due immediately

**Fine:**        \$                             ☒ fine waived

**Restitution:**        \$ None        ☐ determination deferred

**JOINT AND SEVERAL PAYMENTS**

- ☐ Fine and/or ☐ Restitution is **joint and several** with                     .  
☐ Repayment of Buy Money is **joint and several** with                     .

**FORFEITURE**

- ☒ All property forfeited upon conviction or by order of the court shall be included in the criminal judgment.

**RECOMMENDATIONS**

- ☒ The court recommends the defendant's placement at FCI Texarkana  
☒ The court recommends the defendant's participation in the Bureau of Prisons' 500-hour drug treatment program.  
☐ Other:                     .

**CUSTODY**

- ☐ The defendant is remanded to the custody of the U.S. Marshal Service.  
☒ The defendant is to voluntarily surrender at the institution designated by the Bureau of Prisons as notified by the U.S. Probation Office

## CONDITIONS OF SUPERVISED RELEASE/PROBATION

### Special Conditions

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Drug Testing – Special Condition        | <input type="checkbox"/> Home Confinement for _____ days                           |
| <input type="checkbox"/> Drug Testing – Standard Condition                  | <input type="checkbox"/> Home Confinement with Alcohol Testing for _____ days      |
| <input type="checkbox"/> Drug Testing – Waived                              | <input type="checkbox"/> Community Correctional Center: _____ days                 |
| <input type="checkbox"/> Monthly Restitution Payment: \$ _____              | <input type="checkbox"/> Residential Re-Entry Center: _____ days                   |
| <input type="checkbox"/> Monthly Fine Payment: \$ _____                     | <input type="checkbox"/> Cooperate with Bureau of Immigration/Customs              |
| <input type="checkbox"/> Repay Buy Money – Total: \$ _____.                 | <input type="checkbox"/> Cooperate with IRS  |
| <input type="checkbox"/> Repay Buy Money: \$ _____/month                    | <input type="checkbox"/> Cooperate with Child Support                              |
| <input type="checkbox"/> No New Lines of Credit                             | <input checked="" type="checkbox"/> Participate in mental health treatment program |
| <input checked="" type="checkbox"/> Financial Disclosure                    | <input type="checkbox"/> Participate in sex offender assessment/treatment          |
| <input type="checkbox"/> Submit to search by USPO                           | <input type="checkbox"/> Waive confidentiality – sex offender treatment            |
| <input type="checkbox"/> No tavern employment or patronization              | <input type="checkbox"/> No sexually-explicit materials w/minors                   |
| <input type="checkbox"/> No employment with fiduciary responsibilities      | <input type="checkbox"/> No possession/viewing of pornography or erotica           |
| <input type="checkbox"/> No gambling  | <input type="checkbox"/> Obtain GED or HSED  |
| <input type="checkbox"/> No transfer of assets in excess of \$500.00        | <input type="checkbox"/> No contact – unrelated children under 18                  |
| <input type="checkbox"/> No possession/use of computer – on-line access     | <input type="checkbox"/> No contact with victim(s)                                 |
| <input type="checkbox"/> No possession/use of data encryption/erasure       | <input type="checkbox"/> No contact with gang members                              |
| <input type="checkbox"/> Provide computer passwords and logons              | <input type="checkbox"/> Perform community service: _____ hours                    |
| <input checked="" type="checkbox"/> Consent to computer searches/monitoring | <input checked="" type="checkbox"/> Obtain GED                                     |
| <input type="checkbox"/> Apply all monies to court-obligated debt           |  |